

MISSISSIPPI BOARD OF NURSING

1080 River Oaks Drive, Suite A100

Flowood, MS 39232-9779

(601) 664-3903

RECOVERING NURSE PROGRAM QUESTIONNAIRE

Print your name exactly as it appears on your Mississippi nursing license:

(Last) (First) (Middle)

Other names: (maiden, previous married)

Home Address:

(Street) (City) (State) (Zip Code)

Telephone Number: Home _____ Work _____
Cell # _____

SS #: _____ DOB: _____ SEX: F M

Mississippi License Number: _____ LPN RN

School of Nursing: _____ Grad Year: _____

State of Original Licensure: _____ Lic. No.: _____

State of Original APRN Authorization: _____ Lic. No.: _____

Other States of Licensure:

State: _____ State: _____ State: _____

Lic. No.: _____ Lic. No.: _____ Lic. No.: _____

APRN: _____ APRN: _____ APRN: _____

Lic. No.: _____ Lic. No.: _____ Lic. No.: _____

If there are additional states, please list on back.

Have you ever been diagnosed with a mental disorder? (ie: ADD, Depression, anxiety, Bi Polar etc) If so, describe:

Are you currently (within the last 6 months) being prescribed any medications to treat a **mental disorder** or a **pain condition**? If so, describe: (**Examples: anxiety, depression, degenerative disk, arthritis, lupus, slipped disk etc**)

DIAGNOSIS:	MD's NAME:	MEDICATIONS
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Have you ever been counseled regarding difficulty with nursing practice? If so, describe:

Have you ever felt overwhelmed by problems that interfere with mental and emotional wellbeing? If so, describe:

Do you have any information about the Recovering Nurse Program?

History of drugs/alcohol:

How often do you consume alcohol? _____

How much do you drink? _____

How old were you when you first consumed alcohol? _____

Have you ever taken a mood altering substance (prescriptive or illegal) that has not been prescribed for you? If so, what, when, and how much?

Describe why you may have an allegation regarding problems with alcohol and/or other drugs.

Are you presently seeking treatment (counseling, inpatient, Out patient) for alcohol, drugs and/or a mental condition?

Yes: No:

Are you presently in treatment for alcohol, drugs and/or a mental condition?

Yes: No:

Have you had treatment in the past for alcohol, drugs and/or a mental condition?

Yes: No:

Describe in detail the program(s) you have completed, in which you are enrolled, or in which you plan to enroll.

Name

Address

Contact Person

Telephone

Dates of Treatment: entered:

completed:

Description

If there are further facilities, please list on back.

Have you ever been terminated or discharged from any impaired nurse/diversion program due to non-compliance with the program?

Yes: No:

If yes, explain.

Has there ever been any disciplinary action against your license or privilege to practice by a licensure agency in any state, or are charges currently pending in any state?

Yes: No:

If yes, please explain, including the state(s) in which the action took place or is pending.

Have you ever been charged or convicted of a misdemeanor or felony under any local, state, or federal law, or have any charges currently pending? Have you had any charges expunged from your record?

Yes: No:

If yes, please explain, including the state(s) in which the action took place or is pending. Documentation (court orders, charges, etc.) may be required.

Describe your present professional practice, including place and address of employment, job responsibilities, setting, typical work schedule, etc.

Facility Name

Address

City

State

Zip

Hours/Shift

Job Responsibilities

I declare and affirm that the statements made in this application are true, complete and correct. I understand that any false or misleading information in, or in connection with, application may lead to exclusion or discharge from the Recovering Nurse Program.

Signature: _____ Date: _____